07670

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton — LENGTH OF STAY (in this place) 7 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)	(First) Ella	(Middle) B.	(Last) Brumbaugh	4. DATE OF DEATH	(Month) 8 (Day) 3 (Year) 1949
5. SEX F.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 11/7/1861	9. AGE last birthday 87 yrs.	If under 1 year Months 8 Days 26; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Waterside Penna.	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME ? Woodcock	14. MOTHER'S MAIDEN NAME Mary Bassler				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT A.W.Brumbaugh			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Arteriosclerosis

422.1 Antecedent cause(s) (b) Arteriosclerotic Cardio Vascular Disease

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1949, to Aug. 3, 1949, that I last saw the deceased alive on Aug. 2, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H. Horsefer	MD	Greensboro, Md.	8-3-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 8/5/1949	NAME OF CEMETERY OR CREMATORY Greensboro	LOCATION (City, town, or county) (State) Greensboro, Md.
DATE REC'D BY LOCAL REG. 8/4/49	REGISTRAR'S SIGNATURE M D A George	24. FUNERAL DIRECTOR Raymond B. Rawlings	ADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07671

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ridgeley
LENGTH OF STAY (in this place): 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Thomas (Last) Dean

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 27, 1864

9. AGE last birthday: 84 yrs. If under 1 year: Months 7 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caroline County Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Wesley Dean

14. MOTHER'S MAIDEN NAME: Margaret Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis, generalized — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 450.0 97

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 46, to 8-27-, 19 49 that I last saw the deceased alive on 8-27, 19 49 and that death occurred at 8 15 m., from the causes and on the date stated above.

SIGNATURE: By Cor (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 8-28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 30 1949 — NAME OF CEMETERY OR CREMATORY: Ogle — LOCATION (City, town, or county): Ogle (State): Md

DATE REC'D BY LOCAL REG.: Aug. 29, 1949 — REGISTRAR'S SIGNATURE: Cornelia Plummer

24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Easton Md.

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SEP 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07672

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg, Md.; LENGTH OF STAY (in this place) 39 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Academy Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) same

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) E. (Last) Goslin
4. DATE OF DEATH: (Month) (Day) (Year) Aug. 21, 1949
5. SEX: fem.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 18, 1870
9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (State or foreign country): Rhodesale, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Josiah Nesbitt
14. MOTHER'S MAIDEN NAME: Mary Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Irene Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 5yrs.

422.1 Antecedent cause(s) 93d — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis — 5yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21, 1949, to 8/21, 1949 that I last saw the deceased alive on 8/21, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank M. Anderson M.D. Federalsburg Md. 8/22/49

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE: Aug. 24, 1949
NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.
LOCATION (City, town, or county) (State): Federalsburg

DATE REC'D BY LOCAL REG.: August 23, 1949
REGISTRAR'S SIGNATURE: Everett Nuttle, Deputy Registrar
24. FUNERAL DIRECTOR: Adams & Williamson
ADDRESS: Federalsburg, Md.

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AUG 29 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07673

CERTIFICATE OF DEATH

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
LENGTH OF STAY (In this place): 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Aravesta (Last) Hoffman

4. DATE OF DEATH: (Month) 8 (Day) 4 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/4/1869

9. AGE last birthday: 80 yrs. If under 1 year: Months 4, Days 0. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cherryville Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul J. Hoffman

14. MOTHER'S MAIDEN NAME: Matelda Leybach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Herbert Koenaman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) generalized arteriosclerosis — 4 years.

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1945, to aug 4, 1949, that I last saw the deceased alive on July 29, 1949, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE: Paul Trotto (Degree or title) MD ADDRESS: Denton md DATE SIGNED: aug 6-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/7/49

NAME OF CEMETERY OR CREMATORY: Greensboro

LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG.: 8-6-49

REGISTRAR'S SIGNATURE: Mary E. Laird

24. FUNERAL DIRECTOR: Raymond B. Rawlings ADDRESS: Greensboro Md.

VS. A15

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AUG 9 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07674

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Steward's Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) Kelly

4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 6-12-1854
9. AGE last birthday 95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Washington W. Kelly
14. MOTHER'S MAIDEN NAME Caroline Mister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Wallace Kelley, St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. nephritis c̄ uremia

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. Disease

52b (c) Chr. Arthritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable Carcinoma of Bladder

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1949, to Aug. 10, 1949, that I last saw the deceased alive on Aug 9, 1949, and that death occurred at 1:55 P. m., from the causes and on the date stated above.

SIGNATURE Charles H. Stoneifer M.D. (Degree or title) ADDRESS Greensboro, Md. DATE SIGNED 8-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-12/49
NAME OF CEMETERY OR CREMATORY Springhill Cemetery
LOCATION (City, town, or county) Easton Talbot Co (State) Md

DATE REC'D BY LOCAL REG. Aug. 11-1949
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR Newnam & Harrison, St. Michaels Md ADDRESS

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BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07675

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Concord

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural give location) Near Concord

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Larrimore

4. DATE OF DEATH (Month) August (Day) 27 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 5, 1887
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Larrimore
14. MOTHER'S MAIDEN NAME Susie V. Calloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give wer or dates of service) —
15. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Ella S. Larrimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (e) Poss. pulmonary embolus

002 Antecedent cause (a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Far advanced active tuberculosis

13b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Aug, 1949, to 27 Aug, 1949, that I last saw the deceased alive on 22 Aug, 1949, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John C Rawlins, MD ADDRESS Federalsburg, Md. DATE SIGNED 29 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF August 31, 1949
NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery
LOCATION (City, town, or county) Federalsburg, (State) Maryland

DATE REC'D BY LOCAL REG. August 29, 1949
REGISTRAR'S SIGNATURE J. J. Framptom
24. FUNERAL DIRECTOR J. J. Framptom and Son, ADDRESS Federalsburg, Md.

RECEIVED
SEP 3 1949
BUREAU V. S.

07676

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro — LENGTH OF STAY (In this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Washington (Middle) Craig (Last) Loockerman
4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 17-1877
9. AGE last birthday: 72-0-1 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Fairmont, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Francis S. Loockerman
14. MOTHER'S MAIDEN NAME: Annie Ballard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: J. A. Byrd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Central Paralysis

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1949, to Aug 18, 1949, that I last saw the deceased alive on Aug 18, 1949, and that death occurred at 8:10 P m., from the causes and on the date stated above.

SIGNATURE: Charles H. Hixes for M.D. (Degree or title) — ADDRESS: Greensboro Md — DATE SIGNED: Aug. 18 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 21/49 — NAME OF CEMETERY OR CREMATORY: Ballard — LOCATION (City, town, or county): Manokin (State): Md

DATE REC'D BY LOCAL REG.: Aug. 19-1949 — REGISTRAR'S SIGNATURE: L. Mae Pippin — 24. FUNERAL DIRECTOR: Alan E. Ennis — ADDRESS: Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07677

CERTIFICATE OF DEATH

Reg. Dist. No. 4-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro; LENGTH OF STAY (in this place) 16 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro; STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Ann (Last) Nichols

4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 19 49

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/7/1918

9. AGE last birthday: 31 yrs. If under 1 year: Months 6, Days 11. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry Shultie

14. MOTHER'S MAIDEN NAME: Amanda Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Carl Nichols

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Rectum

154 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46d (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 19 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Recto-Sigmoid

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1948, to Aug 18, 1949, that I last saw the deceased alive on Aug 18, 1949, and that death occurred at 12:15 m., from the causes and on the date stated above.

SIGNATURE Claude H Hoss Jr (Degree or title) M D ADDRESS Greensboro Md DATE SIGNED Aug 19, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF 8/21/1949; NAME OF CEMETERY OR CREMATORY Greensboro; LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. 8/20/49; REGISTRAR'S SIGNATURE L. McLipsin; 24. FUNERAL DIRECTOR Raymond B. Rawlings; ADDRESS Greensboro, Md.

VS. A15

RECEIVED
AUG 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17678

Reg. Dist. No. 60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Caroline; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Goldsboro; LENGTH OF STAY (In this place): 40 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Goldsboro; STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) Emerson (Last) Ober

4. DATE OF DEATH: (Month) 8 (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/12/1880

9. AGE last birthday: 69 yrs. If under 1 year: Months 2 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Joseph S. Ober

14. MOTHER'S MAIDEN NAME: Anise Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-24-4442

17. INFORMANT: Mrs. Laura Ober

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval Between Onset and Death: Sudden

431 / 93a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Did not see him alive, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henson L. George M.D. Dept Medical Examiner Denton Md 8/11/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/13/49

NAME OF CEMETERY OR CREMATORY: Greensboro

LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG. 8/11/49

REGISTRAR'S SIGNATURE: A Clark Smith

24. FUNERAL DIRECTOR ADDRESS: Raymond B. Rawlings Greensboro Md.

VS. A15

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07679

CERTIFICATE OF DEATH

Reg. Dist. No. 6-

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton | LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Arthur (Last) Perry

4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1949

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 7-27-1896 | 9. AGE last birthday: 53 yrs. | If under 1 year: Months 5 Days 13 | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Labor | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Queen Anne | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Perry | 14. MOTHER'S MAIDEN NAME: Florence George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): World II | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT: Mrs. Edna Wolf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Alcoholism — Interval Between Onset and Death: 2 yrs

322.1 / 772 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Did not see him alive, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dawson D Yeager | ADDRESS Denton Md | DATE SIGNED 8/11/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-12-49 | NAME OF CEMETERY OR CREMATORY Denton Cemetery | LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REG. 8/11/49 | REGISTRAR'S SIGNATURE Mrs D A Yeager | 24. FUNERAL DIRECTOR J. Virgil Moore & Son. | ADDRESS —

RECEIVED
AUG 21 1949
BUREAU V. S.

07680

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro | LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston, Md.
STREET ADDRESS (If rural, give location) R.D. 4.

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) Pollard (Last)

4. DATE OF DEATH: (Month) August (Day) 18, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 6, 1885

9. AGE last birthday: 64 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): near Easton Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Daley

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Marjorie Hickman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

191 Immediate cause (a) Basal Cell Carcinoma lower left eye lid — Interval Between Onset and Death: 6½ years

Antecedent cause(s)

53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1943

19b. MAJOR FINDINGS OF OPERATION: Basal Cell Carcinoma lower left lid extending into orbit.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1943, to Aug 18, 1949, that I last saw the deceased alive on Aug 17, 1949, and that death occurred at 11:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. Paul Trotta M.D. Denton Md Aug 19-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug. 22, 1949 | NAME OF CEMETERY OR CREMATORY: Sycamore Cemetery | LOCATION (City, town, or county) (State): Preston, Md.

DATE REC'D BY LOCAL REG. 8/22/49 | REGISTRAR'S SIGNATURE: L. Mae Pippin

24. FUNERAL DIRECTOR: Adams-Williamson — ADDRESS: Federalsburg, Md.

RECEIVED
AUG 30 1949
BUREAU V. S.

07681

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nichols Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural give location) Nichols Road

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) (Last) Prattis

4. DATE OF DEATH (Month) August (Day) 10 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH October 2, 1878
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Preston, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Friend
14. MOTHER'S MAIDEN NAME Georgeanna Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Myrtle E. Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Mr Colon — INTERVAL BETWEEN ONSET AND DEATH 6mo-1 yr

153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Same

46e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to ~~March~~ Aug 10, 1949 that I last saw the deceased alive on Aug 10, 1949, and that death occurred at 10:50 P.m., from the causes and on the date stated above.

SIGNATURE Haynard T. (Degree or title) Mott, M.D. ADDRESS Easton, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF August 14, 1949
NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery
LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG. August 11, 1949
REGISTRAR'S SIGNATURE J. J. Frampton
24. FUNERAL DIRECTOR J. J. Frampton and Son, ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07682

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline Maryland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 40 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Joseph (Last) Rickards

4. DATE OF DEATH (Month) 8 (Day) 2 (Year) 1949

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower — 8. DATE OF BIRTH Aug 17 1874 — 9. AGE last birthday 74 yrs. If under 1 year: Months 11, Days 23; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lawyer — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Denton, Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James S Rickard — 14. MOTHER'S MAIDEN NAME Sara Ann Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no — 16. SOCIAL SECURITY NO. — 17. INFORMANT Miss Dorthary Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis

332 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral + General Arteriosclerosis

83b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to Aug 2, 1949, that I last saw the deceased alive on Aug 1, 1949, and that death occurred at 3 P.M. m., from the causes and on the date stated above.

SIGNATURE Charles H Stonesifer M D (Degree or title) — ADDRESS Greenstone Md — DATE SIGNED Aug 4, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Aug 5th 49 — NAME OF CEMETERY OR CREMATORY Denton Cemetery — LOCATION (City, town, or county) Denton Caroline (State) Md.

DATE REC'D BY LOCAL REG. 8-4-49 — REGISTRAR'S SIGNATURE Mrs D A Gingle — 24. FUNERAL DIRECTOR J. Virgil Moore & Son — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17683

Reg. Dist. No. 60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Marydel
LENGTH OF STAY (in this place): 40 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Marydel
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Frederick (Last) Seward

4. DATE OF DEATH: (Month) 8 (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11/6/1876

9. AGE last birthday: 72 yrs. If under 1 year: Months 9 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: John Seward

14. MOTHER'S MAIDEN NAME: Emlie Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 220-09-8567

17. INFORMANT: Allen Seward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Exhaustion	Death Know
151 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46b	(b) Carcinoma of Stomach	about 6 Mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, Aug. 26, 1949, that I last saw the deceased alive on 8/26, 1949, and that death occurred at 10:45A m., from the causes and on the date stated above.

SIGNATURE: A D Silver (Degree or title) MD ADDRESS: Goldsboro Md DATE SIGNED: 8-29-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/30/49	Odd Fellows	Camden Delaware

DATE REC'D BY LOCAL REG. 8/30/49 | REGISTRAR'S SIGNATURE: A C Clark Smith | 24. FUNERAL DIRECTOR AND ADDRESS: Raymond B. Rawlings Greensboro Md.

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07684

CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

T

VS. A15

1. PLACE OF DEATH
COUNTY: Caroline
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
LENGTH OF STAY (in this place): 15 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Otis (Middle) (Last) Towers

4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/19/1882

9. AGE last birthday: 66 yrs. If under 1 year: Months 9, Days 29; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Towers

14. MOTHER'S MAIDEN NAME: Dibby Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Edna Towers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

420.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1949, to Aug. 18, 1949, that I last saw the deceased alive on Aug 18, 1949, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles A Hanson M.D. Greensboro Md Aug 19, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/22/1949

NAME OF CEMETERY OR CREMATORY: Greensboro

LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG.: Aug. 21, 1949

REGISTRAR'S SIGNATURE: Mary E. Laird

24. FUNERAL DIRECTOR ADDRESS: Raymond B. Rawlings Greensboro Md.

RECEIVED
AUG 23 1949
BUREAU V. S.